

ARIZONA DEPARTMENT OF WATER RESOURCES

WATER MANAGEMENT DIVISION

MAIL TO: P.O. BOX 458, PHOENIX, ARIZONA 85001-0458

3550 NORTH CENTRAL AVENUE - PHOENIX, ARIZONA 85012

Phone (602) 771-8585 Fax (602) 771-8688

APPLICATION FOR PERMIT TO WITHDRAW GROUNDWATER FOR HYDROLOGIC TESTING PURPOSES WITHIN AN ACTIVE MANAGEMENT AREA (A.R.S. §45-519.01)

I. INSTRUCTIONS

1. COMPLETE ALL APPROPRIATE ITEMS ON THIS APPLICATION AND SIGN IN DESIGNATED PLACE.

2. Mail to: P.O. Box 458, Phoenix, Arizona 85001-0458 or deliver in person to the above address.

3. Pursuant to A.R.S. § 45-113, the application fee is \$50.00, and the permit fee is \$50.00. You may submit both checks at the time of filing the application.

FOR DEPARTMENT USE ONLY

Application/Permit No. _____

Filed _____

AMA _____

S/B _____ W/S _____

II. GENERAL DATA

Please check one:

New Application

Renewal or ☐ Modification of Permit No. 59-_____.

1. NAME OF APPLICANT _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____ **Telephone Number** _____

2. NAME OF LAND OWNER where groundwater will be withdrawn _____

Mailing address _____

City _____ **State** _____ **Zip Code** _____ **Telephone Number** _____

3. PURPOSE OF THIS TESTING PERMIT (check only one box):

To obtain groundwater samples not exceeding 3 acre feet per annum for testing groundwater quality in order to comply with applicable environmental controls for a period of up to 10 years (A.R.S. § 45-519.01.A.)

To test hydrologic characteristics and conditions, including groundwater quality. Groundwater withdrawn shall not exceed 10 acre feet nor shall the period of withdrawal exceed 90 days, (A.R.S. § 45-519.01.B.)

To withdraw more than 10 acre feet of groundwater for hydrologic testing purposes, and/or for a period greater than 90 days include specifics of testing circumstances that require such withdrawal and/or period, (A.R.S. § 45-519.01.D.)

To withdraw groundwater to test the hydrologic characteristics of a potential artificial groundwater recharge project site, or a potential underground storage and recovery project site. The period of withdrawal may not exceed 2 years (A.R.S. § 45-519.01.E.)

4. Groundwater will be withdrawn within the _____ sub-basin of the

_____ Active Management Area.

5. The specific purpose for the hydrologic testing is:

6. Please be specific how the groundwater withdrawn will be put to beneficial use and the groundwater right number for that use if applicable.

7. If applicant cannot reasonably put the withdrawn groundwater to a beneficial use or provide it to a rightholder, explain why.

8. Legal description of land where groundwater will be used: _____

9. Name and mailing address of the owner of the land where groundwater will be used: _____

Mailing Address	City	State	Zip Code	Telephone No.
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10. Total amount of groundwater for which application is being made: _____ acre-feet.

11. Anticipated duration of the hydrologic testing _____ Days _____ Months.

12. Requested duration of the hydrologic testing permit _____ Days _____ Months.

13. State the testing circumstances that require withdrawals in excess of 10 acre feet or a testing period for more than 90 days: _____

14. Indicate the system by which the groundwater withdrawn for a test involving a potential recharge or storage and recovery project will be added back to the aquifer. _____

15. Groundwater to be withdrawn by means of:

A. WELLS ALREADY IN EXISTENCE:

Registration No.	Location	Depth	Diameter of Casing	Case Type
55- _____	_____	_____	_____	
55- _____	_____	_____	_____	

B. WELLS TO BE NEWLY CONSTRUCTED:

Complete and attach New Well Construction Supplement, DWR form 55-90, for each new well to be drilled.

16. State your plans for the well(s) after testing is completed: _____

It is understood that the Permit, if granted, will be in accordance with the Groundwater Management Code (Title 45, Chapter 2). The permittee will be bound by the provisions of such law and the provisions of the Permit issued.

I (we) _____ hereby swear that all information provided in this application is true and correct to the best of my/our knowledge and belief.
(print name)

Signature of Applicant _____ Date _____